Appendix B

FY 2016 West Virginia Community Corrections Grant Program Application Forms



Signature:

General Administrative Information Page 1

Applicant Agency:		Type of Agency:
Address:		Municipality
		County
	 .	Type of Application:
Phone:		☐ For State Funds
Fax Number:		☐ No State Funds
Project Director:	Fiscal Officer:	
PD Title:	FO Title:	
Address:	Address:	
!		
!		
Phone:	Phone:	
Fax:	Fax:	
Email:	Email:	
State Funds Requested:	Amount Awarded:	
		(for DJCS use only)
Local Funds Utilized: Project Period: July 1, 2015 – Jun	e 30, 2016	(for DJCS use only)
Project Period: July 1, 2015 – Jun		,
Project Period: July 1, 2015 – Jun Number of years previously funded:		
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served:		
Project Period: July 1, 2015 – Jun Number of years previously funded:		
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population:		,
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description:	Estimated Number	r to be Served:
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description: Certification: To the best of my knowledge, the informati submission thereof has been duly authorized by the government.	Estimated Number	r to be Served:
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description: Certification: To the best of my knowledge, the information	Estimated Number	r to be Served:
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description: Certification: To the best of my knowledge, the informati submission thereof has been duly authorized by the government.	Estimated Number	r to be Served: lication is true and correct. The cant will comply with the attached
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description: Certification: To the best of my knowledge, the informati submission thereof has been duly authorized by the government special conditions and assurances, if funding is provided.	Estimated Number ion contained in this application body and the applications.	r to be Served: lication is true and correct. The cant will comply with the attached
Project Period: July 1, 2015 – Jun Number of years previously funded: Geographic Area(s) Served: Total Population: Project Title: Project Description: Certification: To the best of my knowledge, the informati submission thereof has been duly authorized by the goves special conditions and assurances, if funding is provided. Authorized Official:	Estimated Number ion contained in this application and the application. AO Title	r to be Served: lication is true and correct. The cant will comply with the attached

Date:

West Virginia Community Corrections Grant Program Application Budget Summary Page 2

Applicant:	FEIN Number:
------------	--------------

Budget Category	WV Community Corrections Requested Funds (A)	Local (Match) Funds (B)	Total Budget (A + B)
Personnel/Contractual			
Travel/Training			
Equipment			
Other			
Totals			

*All funds must be rounded to the nearest whole dollar amount

Funding Strategy

Funding Source(s)	Amount	Status
	_	
Total		

Funding Source - Separately list each source of funds that will be used in the program.

Amount - Enter the amount received or anticipated for each

Status - Indicate the status of each funding source as follows:

P – Projected grant, loan or donation

A – Application submitted (apart from this CC Grant Application) and under review

C – Funds Committed

R - Funds received, appropriated or on hand

Budget Detail Page 3

Detailed Project Cost by	Requested	Local	Grant Funds
Budget Category	Community	Funds	Approved
	Corrections	Utilized	
	Funds		
	1	T	
Personnel / Contractual:			(DJCS Use Only)
Travel / Training:			
<u></u>			
Equipment (\$1,000/unit):			
Oth and			
Other:			
	•	•	
Total Requested WVCC Funds			
Total Local Matching Funds			
Total Funds APPROVED for Project			(For DJCS Only)

Budget Justification Page 4

Provide specific information that explains <u>each proposed expense</u> for the project. State clearly and in concise detail the <u>breakdown and justification of need for each item</u> requested for funding in the Budget Detail pages. Also, provide an identified breakdown of matching funds. <u>Be sure to label the breakdown of matching funds as such</u>. Attach additional pages if necessary.

Project Narrative Page 5

Please provide information that describes the proposed project. State clearly and in concise detail the purpose and direction of the project, including all components described in the project narrative section of the application instructions. All components must be addressed in the order listed in the instructions. Attach additional pages if necessary and label additional pages as 5a, 5b, 5c, etc.

Goal -

Grant Goals and Objectives Page 6

	should state the long-term desired impact of the program, set scope or foundation, state long-range target or purpose, identify target population, and state the condition to be changed.			
Objective -	- A specific statement of the desired short-term, immediate outcome of the program which will show accomplishment of the goal. Each objective must be S.M.A.R.T. (Specific, Measurable, Attainable, Results oriented and Time bound).			
Outcome	,			
Measure - Activities -	collected, analyzed, and results sha What will be done and who will acc	complish it. You must have at least one (1)		
71011711100	activity per objective.	(·)		
Timeline -	When will the activity begin and activity.	end. You must have a timeline for each		
Goal Number:				
Objecti ^v Numbe				
Outcom Measur				
Activitie	es to meet objective:	Timeline for each activity:		
1.		1.		
2.		2.		
3.		3.		
4.		4.		
Objectiv Numbe				
Outcom Measur				
Activitie	es to meet objective:	Timeline for each activity:		
1.		1.		
2.		2.		
3.	3.			
4.	4. 4.			

Broad statement about what the program intends to accomplish. This statement

Grant Goals and Objectives Grant Program Application Page 6a Goal Number: Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2. 3. 3. 4. 4. Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2. 3. 3. 4. 4. Goal Number: Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2.

3.

4.

West Virginia Community Corrections

3.

4.

Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2. 3. 3. 4. 4. Goal Number: Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2. 3. 3. 4. 4. Objective Number: Outcome Measure: Activities to meet objective: Timeline for each activity: 1. 1. 2. 2. 3. 3. 4. 4.

West Virginia Community Corrections
Grant Program Application

Grant Goals and Objectives

Page 6b

Local Community Criminal Justice Board Membership Page 7

Provide a membership list of the LCCJB (as defined from §62-11C-6 in the WV State Code), including title, name, agency affiliation, mailing address, telephone number, fax number, email address, Board Position (i.e. – President, Vice-President, etc.), and amount of time on the board for each member. Letters of commitment or MOU's from each board member, reflecting their understanding of the requirements of the Board will be required for Attachment C of this grant application.

Title	Name &	Address	Phone/Fax/Email	Board Position
	Agency			(if applicable)
	Affiliation			& Time on Board
Sheriff			P:	Doard
Onemi			F:	
			E:	
Chief of Police			P:	
			F:	
			E:	
Prosecutor			P:	
			F:	
			E:	
Public			P:	
Defender			F:	
			E:	
Board of			P:	
Education			F:	
			E:	
Mental Health			P:	
Background			F:	
			E:	
Victim			P:	
Advocate			F:	
			E:	
Domestic			P:	
Violence Advocate			F:	
			E:	
Substance			P:	
Abuse Treatment			F:	
Background			E:	
At-Large			P:	
3.2			F:	

Local Community Criminal Justice Board Membership Page 7

		E:	
At-Large		P:	
		F:	
		E:	
At-Large		P:	
		F:	
		E:	
Ex-officio		P:	
		F:	
		E:	
Ex-officio		P:	
		F:	
		E:	
Ex-officio		P:	
		F:	
		E:	
Ex-officio		P:	
		F:	
		E:	
Ex-officio		P:	
		F:	
		E:	

Organizational Chart Page 8

Please use this page to provide (or attach a copy of) the program's organizational chart which includes the proposed funded positions for this project. Please list all staff members, position titles, salaries, and funding source for salaries. Additionally, provide and organizational chart of the applying agency. This chart should include members of the governing board of the applying agency, titles, and term length.

Hiring Procedures, Job Descriptions and Resumes Page 9

Provide a brief statement outlining the program agency's procedures for hiring employees who are funded under this grant. Include with this application a job description and qualifications for the position(s) proposed under the grant. If position(s) are currently filled, then include a resume for each position filled.

Operational Budget Attachment A

Attach the operational budget for the local community corrections program along with a brief 3-year strategic financial and programmatic plan of operation. An operational budget must be submitted for each county with a physical program site; however, only one 3-year plan is required as long as all counties included in the application is sufficiently covered in the plan.

Commitment Letters/MOU Local Board Members Attachment B

Please attach in this section commitment letters received from <u>all</u> members of the Local Community Corrections Board which indicates their willingness and understanding of serving on the local board. <u>A Memorandum of Understanding (MOU) that details member expectations and responsibilities signed by each board member will suffice for individual commitment letters.</u>

Other Required Program Information Attachment C

A signed Memorandum of Understanding between the local criminal justice board and the county commission must be submitted. This MOU shall contain a cooperative agreement indicating the county's willingness to collaborate and describing in detail the role of the county as the fiscal agent and the role of the criminal justice board as the body responsible for the overall direction and operation of the program.

Other Required Program Information Attachment D

A copy of the following information must be submitted with this attachment in order for the application to be complete. Please refer to page xvii of the application instructions for more details:

- 1. Approved Program Mission
- 2. Brief Description of each Service provided by the program
- 3. Schedule of Services offered through the program
- 4. Approved By-laws of local Board (including the date of last revision)
- 5. Certification Letter regarding Program Policy/Procedure Manual